

ARIZONA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 158  
Registered No. 400

1. PLACE OF BIRTH

County Yuma State \_\_\_\_\_

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Thomson No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child

Lucilla Lerion

3. Sex of Child

Female

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date

of birth

Dec. 16, 1934  
Month Day Year

8. FATHER

Full name

Tiodolo Lerion

9. Residence  
(Usual place of abode)

If non-resident, give place and state.

Miami  
Arizona

10. Color or race

Mexican

11. Age at last birthday 32 (Years)

12. Birthplace (city or place)

(State or country)

Reserve  
New Mexico

13. Occupation

Nature of Industry

Miner  
Copper Mine

14. MOTHER

Full maiden name

Rosa Charry

15. Residence  
(Usual place of abode)

If non-resident, give place and state.

Miami  
Arizona

16. Color or race

Mexican

17. Age at last birthday 33 (Years)

18. Birthplace (city or place)

(State or country)

Soporo  
New Mexico

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein  
certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-  
thalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 4:11 m. on the date above stated

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Charles E. Drinn  
M.D.

(Physician or midwife).

Given name added from  
a supplemental report

Month, day, year

Address

Filed

Miami Arizona  
Dec 17, 1934

P. E. Drinn

Registrar

Registrar

375-1216-929